## **Form PTO-1083**

In RE application of

T. INOUE et al.

Serial No.:

10/787,109



**PATENT** 

Case Docket No.

**NIT-413** 

Group Art Unit:

2114

For:

COMPUTER SYSTEM HAVING FAILURE RECOVERY FUNCTION, AND FAILURE **RECOVERY METHOD THEREOF** 

Examiner: J.O. Schell

**Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

_ ~ i	(Col. 1)		(Col. 2)	(Co	ol. 3)
and the same	Claims Remaining After Amendment	***	Highest No. Previously Paid For		sent dra
Total	6	Minus	**	=	0
Indep.	3	Minus	***	=	0
First presentation of Multiple Dependent Claims					

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Rate	Additional	OF			
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OR

Nate	Fee	
X 25	\$	
X 100	\$	
X 180	\$	
Total	\$0.00	

CMALL ENTITY

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$0.00

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space. The 'Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$

A Credit Card Payment Form in the amount of \$\_

M The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

 $\boxtimes$ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

 $\boxtimes$ Any patent application processing fees under 37 CFR 1.17.

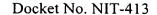
M Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundidge, P.C. 1800 Diagonal Road, Suite 370 Alexandria, Virginia 22312

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Date: January 5, 2007

John R. Mattingly, Reg Attorney for Applicants



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

10/787,109

Confirmation No. 5067

**Applicant** 

T. INOUE et al.

Filed

February 27, 2004

Title

COMPUTER SYSTEM HAVING FAILURE RECOVERY

FUNCTION, AND FAILURE RECOVERY METHOD THEREOF

TC/AU

2114

:

Examiner

J.O. Schell

Customer No.

24956

## **AMENDMENT**

## **MAIL STOP: AMENDMENT**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 6, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.